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ARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R	mation should be carefully supplied. AGE should be stated EXACTLY.
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PHYSICIANS should state

Every item of infor-

of-OCCUPA.

Exact statement

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

20. FILED / 19

.., 1935

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V. S. No. 1 E.

STATE OF MADVI AL	ND—CERTIFICATE OF DEATH
1. PLACE OF DEATH	ND-CERTIFICATE OF DEATH
The second secon	93-60
County yaille	Registration Dist. No. 16
Village or City war. Transfille	No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Marey Edisa Bac	If U.S. Veteran specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OR DIYORCED (write the Sangle	
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	OCT 1 1934 to NOV 17 19 35
5. DATE OF BIRTH (month, dey, and year) Lon 26-16	19 i last saw h er alive on NOV 17 19 35; daeth is said
	SS than to heve occurred on the data stated above, at 10 A em.
	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Sekwal yin	Myocarditis., Chronic
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation (month and year) occupation coupation.	>
12. BIRTHPLACE (city or town)	Other Centributory Causes of Importance: As thma?
(State or country)	
13. NAME Levis Gouses	
14. BIRTHPLACE (city or town)————————————————————————————————————	Nama of operation Date of
15. MAIDEN NAME Dollie M. Billin	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicida, or homicida?
17. INFORMANT Levis Bauses (Address) Salshury Pa R D	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place 4100 TANULL Date NOV 19	Manner of injury
19. UNDERTAKER ON M ON Minteling (Address) yourtsaile MA	24. Was disease or injury in any way related to occupation of deceased.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

PA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cau of importance were as follows:	1ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Control State Co			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

Every item of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH			92:0
County Garrett			Registration Dist. No. 166
Village or City Crellin,	•	(If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Miss. Al			
(a) Residence: No. Crelli	(Usual place of	Land.	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARK OR DIVORCED Single	(write the word)	21. DATE OF DEATH November, 20, 193593 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Da(or) MIFE of r of Russel	& Nyrtle	Durst.	22. I HEREBY CERTIFY, That I ettended deceased from 1935, to Nove 20, 1935
6. DATE OF BIRTH (month, day, end year) Ap	ril, 6,	1911	l lest saw h. er. alive on November. 20., 19.35; death is said
7. AGE Years Months	Days	1f LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, at 12, 30 m
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc	11. Totel ti	me (years) It in this pation	With lost Compensation
12. BIRTHPLACE (city or town) Crelli (State or country)	n. Haryl	and.	Other Coutributory Causes of Importance:
🖺 13. NAME Russell Durs	t		
13. NAME Russell Durs 14. BIRTHPLACE (city or town) Grant. (Stete or country)	sville,	Mda	Name of operation Dete of What test confirmed diagnosis? Wes there an eutopsy?
# 15. MAIDEN NAME Myrtle Fi	tzwater		23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Myrtle Fi 16. BIRTHPLACE (city or town). SWAII. (State or country)	ton, Md.		Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Mr. Russell (Address) Crellin, Md			Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PleceAshby Cemetery	Dete 11-2	3- ,1935	Manner of injury
19. UNDERTAKERA · R · Fike (Address) Terra Alta			24. Was disease or injury in any way related to occupation of deceesed? If so, specify from the formula of the common of the co
20. FILED 11 - 22-, 19 35 Jul	ia Rowar	Registre	(Signed)/ State of M.D.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 7 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
L SUPERI V. S. I			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

STATE OF MARYLAND—CERTIFICATE OF DEA

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1. PLACE OF DEATH	82-2
County Satelle	Registration Dist. No. /6/
Village or City ! ashur alade	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?
2. FULL NAME Ms abigail Tike	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("quite the word) Market	21. DATE OF DEATH (Month) (Oay) (Year)
Sa. If married, widowed, or divorced HUSBAND OF Marchael Fike	22. I HEREBY CERTIFY. That I attended deceased from 1935, to 2007 13, 1936
6. DATE OF BIRTH (month, day, and year) april 1 18 61	I last saw h. W. alive on 2227 8 , 19.35 ; death is seid
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER. Honderife	Cerebral humanden Oct 20
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
11. Date deceased last worked at this occupation (month and 1924	
year) 1100 occupation	Other Centributory Causes of importance;
12. BIRTHPLACE (city or town) (State or country) grantly Comp	Certifical Colleges
13. NAME Backstish Vansicle	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Mary Brights 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
State or country) Fayette Co. Pinna	Where did injury occur?
17. INFORMANT M Mushel Jike (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place When Dlade Oate Nov 16 , 1935	Nature of injury
19. UNOERTAKER I L. / Stable 19. (Addiess) MAKELS AND ADDITION OF THE STATE OF THE	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 2001 14 1995 Jeanneth Statle	(Signed) Clothands M. D.
Registrar.	(Address) Cauplining Pa

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1	n.		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal	Date of onset	
Arteriosclerosis	1915	Attack of epile	were as follows:	1 week ago
Chronic interstitial nephritis	1921	Run over by str	det car c 030	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	1301	3 days ago
			03V13038	
Other contributory causes of importance:		Other contrib	outory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

13055

1. PLACE OF DEATH		(50)	
County Garrett		Registration Dist. No. 16	./
Village or City Form	Ind	NoSt.,	Ward
Length of residence in city or town where	(1	f death occurred in a hospital or institution, give its NAME instead of street and n sds. How long in U.S. if of foreign birth?yrsmo	number)
2. FULL NAME Ousa.	. 1	itom rong in 0.0.11 of rotors of the control of the	5us
	ray Times		
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Fluid White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH November 10 The (Month) (Day)	, 1935 (Year)
5a. If merried, widowed, or divorced		(wonth) (Day)	(Teat)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, Thet I ettended of	
6. DATE OF BIRTH (month, dey, and year)	c. 9th 1914	Mary 1 - 1ATA	, f9ರೆದ್ದ .: deeth is seld
7. AGE Yeers Months	Deys If LESS than f dey,hrs.	to heve occurred on the date steted ebove, at 930 Am. The PRINCIPAL CAUSE OF DEATH end related causes of importance	, deeth 13 sold
8. Trede, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Hord ware	were es follows: Lobar Prumania	10/4/36
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et	one no work	Primary Orcinoma of right breast.	
f O. Date deceased lest worked et this occupetion (month end yeer)	ff. Total time (yeers) spent in this occupation	Duration: 2/2 years. Culff.	
12. BfRTHPLACE (city or town) (Stete or country)	2 and	Other Coutributory Causes of importance: Carcinoma of utoma, geft lube any	1035
13. NAME Salaman To	ranto	- Draig	1702
13. NAME Solomon Ty 14. BIRTHPLACE (city or town)		Neme of operation Dete of	
(Stete or country)	land	Whet test confirmed diegnosis? Was there an a	
15. MAIDEN NAME Pearl 24	mebugh	23. If deeth wes due to externel ceuses (VIOLENCE) fill in else the following:	
16. BIRTHPLACE (city or town) (Stete or country)	yland	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Rollysbith.	Franty	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	:) (CE.
18. BURIAL, CREMATION, OR REMOVAL	54 (Menner of injury	
Place Dand Donne	Date 1 00 11 , 1935	Neture of injury	
19. UNDERTAKER A SILVED AND AND AND AND AND AND AND AND AND AN	Surger .	24. Was diseese or injury in any wey releted to occupation of deceesed?	6
20. FILED Part, 10 1935 - 124	unette Staller Registras.	(Signed) H. C. Mushow (Address) Freuleville Mr.	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example H	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		· · · · · · · · · · · · · · · · · · ·	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13056
1. PLACE OF DEATH	23
County & assett	Registration Dist. No.
Village or City Leadland, Ma.	ND. St., War- f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Thele May Grig	feth
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the ward)	193 35
5a. If marriad, widowed, or divorced HUSBAND of	(Month) (Day) (Yaar)
(or) WIFE of Lay Griffelle	22. I HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year)	i last saw here elive on here 47 1933 death is sai
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, et b. 1.4.2.m. M.
37 8 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade profession or particular	Date of onse
kind of work done, as SPINNER, House weeks	I polacionary te her culous
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dato daceased last worked at this occuration (mostly and	Buy up sal Jales whom
Spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) A Classification (State or country)	
11.15	
(State or country)	Name of operation Date of
The state of the s	What test confirmed diagnosis?
15. MAIDEN NAME Recel Thanks 16. BIRTHPLACE (city or town)	23. If death wes due to externel causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT LEW, B. Beekgrafe:	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Piece lateland lespate 100, 19, 1935	Manner of injury
19. UNDERTAKER Energy D. Boldey	24. Was disease or injury in any way related to occupation of deceased?
(Address) Calcland, Md.	if so, specify
20. FILED 11- 18-, 1935 Tulia Mowan Registrar.	(Signed) M. I
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis CAT L DE	3 days ago
		LECEIVED I	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	-WRITE PLAIKLY, WITH UNFADING INK-THIS IS A PERMANENT RECO	mation should be carefully supplied. AGE should be stated EXACTLY. PH	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	
	T	Y.	H	
NG	ZEZ	TI	fied.	
RGIN RESERVED FOR BINDING	MAI	AC	lassi	
BII	ER	E	y	te.
2	AP	ted	perl	ifica
FO	IS	stat	pro	TION is very important. See instructions on back of certificate.
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N. B.—WRITE PLAIN

V. S. No. 1

RD. Every item of infor-YSICIANS should state statement of OCCUPA.

STATE OF MADVI AND	CEDTIFICATE	E DEATH 1900
STATE OF MARYLAND	CERTIFICATE O	F DEATH
arrith	- OFF	Registration Dist. No. 16/
, Selly sport		St.,
nce in city or town where death occurredyrs	(If death occurred in a hospital or institutionmosds. How long in U.S. if of fo	, give its NAME instead of street and number) orelgn birth?mosmos
E Jusan alice Ir	VVE.	
: No. Selbysport Mod. (Usual place of abode)	St., Ward.	If nonresident give city or town and State
L AND STATISTICAL PARTICULARS	MEDICAL CER	RTIFICATE OF DEATH

1. PLACE OF DEATH		400	
County Larrell	1	Registration Dist. No. 16/	
Village or City Selbys In	corf	NoSt.,	Ward
locally of social section is also as a section of the section of t		death occurred in a hospital or institution, give its NAME instead of street and number	per)
Length of residence in city or town where de	eath occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmos	as.
2. FULL NAME Cusam	alice tro		
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OF RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Female white	OR DIVORCED twite the word)		35
5a. If merried, widowed, or divorced	0	(Month) (Day)	(Year)
HUSBANO of Jadock &	Love	22. I HEREBY CERTIFY, That I ettended dece	ased from
no -	us 19th 1873	1. 1. 2 - 18th 25	19.32
7. AGE Years Months	Days If LESS than		eeth Is said
62 7	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trede, profession, or perticular	ormin.	were as fallows:	ate of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	menorfe	Co co di fino	
9. Industry or business in which		y y	
work wes done, as SILK MILL, SAW MILL, BANK, etc			
10. Oete decesed last worked at this occupation (month end	11. Totel time (yeers) spent in this		
year)	occupation	Other Coutributory Causes of importence:	
12. BIRTHPLACE (city or town) In Teas	es gassett Co m		
(State or country)	70	Cardine Drivery	
13. NAME Hilliam W	rlch	Certarial Schlarosia	
13. NAME Hilliam W 14. BIRTHPLACE (city or town) Jud		Neme of operation Oete of	~~~~~
(Stele of country)	1 7	Whet test confirmed diagnosis? Wes there en eutop	osy?
16. BIRTHPLACE (city or town)	Thomas	23. If death wes due to externel causes (VIOLENCE) fill in elso the following:	
5 16. BIRTHPLACE (city or town)	d.	Accident, suicide, or homicide? Date of Injury	, 19
≤ (Stete or country)		Where did injury occur? (Specify city or town, county and State)	
17, INFORMANT		Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
(Address)	9		
18. BURIAL, CREMATION, OR REMOVAL PIece There of the second	Paper 704 / 13/	Manner of Injury	
n/n/		Neture of injury	
19. UNOERTAKER / La Daz	De Jun	24. Was disease or injury in eny wey releted to occupetion of deccased?	
(Addiess) French	efete Tree	If so, specify	1
20. FILED 700 29, 19 35 SCA	mulle Stalle	(Signed)	/M. D.
	Registrar.	(Address) The contract of the	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitut nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 5 1930			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	. 1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13058
1. PLACE OF DEATH	(A)
County Sarrey	Registration Dist. No. 109
Village or City Deer Park, Ma,	NoSt,Wa
	f death occurred in a hospital or institution, give its NAME instead of street and number) sydsy How long in U.S. if of foreign birth?yrsmos
6/	a A
2. FULL NAME (Mayare / Tara	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the gword)	21. DATE OF DEATH
If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of ashua S. Hardesty	22. HEREBY CERFIFY, That I attended deceased fr
1 10/10	1938 to 193
DATE OF BIRTH (month, day, and year) + e . / 2, / 8 6 1 AGE Years Months Days If LESS than	l last saw h last saw
7 4 8 2 a 1 day,hrs.	to have occurred on the data stated above, at To To From The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Date of on
kind of work done, as SPINNER, Jourse Weife SAWYER, BOOKKEEPER, etc.	Charles on The later of
9 Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	Cab Das Orton Asserta
10. Date deceased last worked at this occupation (manth and 9 26 spent in this year)	MENTAL MAN
BIRTHPLACE (city or town Terra alta, W. Va.	Other Contributory Causea of Importance:
(State or country) Pression, Co.	
13. NAME / haruton fardesty	
14. BIRTHPLACE (city or town) Preston Co.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Vachel White	23, If death was due to external causas (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Dees Varle Ma.	Accident, suicide, or homicide? Date of Injury, 19
(Stata or country) Larrett &.	Where did injury occur?
INFORMANT Mrs Earl George (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OPCREMOVAL	Manner of injury
placeard esty very electron of ov, 3, 1935	Nature of injury
UNDERTAKER Property Carthon (Address) MA Tales Carthon	24. Was diseasa or injury in any way related to occupation of deceased?
(null case) VM. Aanel Parke, M.G.	If so, specify
O. FILED OV. 12., 1934 Allie My Cushly Registrar.	(Signed) M. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis A 1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MARINE AND A STATE OF THE STATE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AD. Every item of infor-LY, WITH UNFADING INK-THIS IS A PERMANENT RE RGIN RESERVED FOR BINDING N. B.-WRITE PL.

V. S. No. 1

STATE O	F MARYLAND-	CERTIFICATE OF DEATH	3059
1. PLACE OF DEATH		625	1
County Terred	ml	Registration Dist. No.	6
Village or City Care	wed 1/1d	No. St.,	Ward
Length of residence in city or town where d		death occurred in a hospital or institution, give its NAME instead of street andds. How long in U.S. iI of foreign birth?	
2. FULL NAME factor	Gran offen	ebaceph	
(a) Residence No.		St., Ward.	
	(Usual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the ord)	21. DATE OF DEATH OV. (Day)	193 V
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. / I, HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year)	863		19735 (death is seid
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 7 3 m.	1 000111 13 3011
7.2 8	/ 2 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	anner	Duration 1 two sars: Cul R.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. O. Date deceased lest worked at this occupation (month and			
Date deceased lest worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
Cha	e de la constantina	Other Contributory Causes of Importance:	1,092
12. BIRTHPLACE (city or town) (State or country)	mit	Clr/hritis	10/1
13. NAME Welleau H	webaugh		
14. BIRTHPLACE (city or town)	7	Name of operation	
	FEIDELOVE	What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME Z Long CO DE JA	Trosperry	23. II death was due to externel causes (VIOLENCE) fill in also the following	ng:
15. MAIDEN NAME Segretary 16. BIRTHPLACE (city or town)	777	Accident, suicide, or homicide? Date of injury	, 19
(State or country)		Where did injury occur?(Specify city or town, county and St	ate)
17. INFORMANT 1. (Address)	ensety 11	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL	1 11 51 31	Manner of injury	
Consellation // 1	Date // - 3/ ,19 00	Nature of injury	
19. UNDERTAKER TONY (Address) Calad A.	offen	24. Was disease or injury in any way related to occupation of deceased?	10
20. FILED/1/ 2-0, 19 BU) LE	lin Kowa. Registrar.	(Signed) // Cheuebaugh	/м. г
If more &		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	1

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Cerebral hemorrhage	July 5, 1927		3 days ago
		CSBL A	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

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DEATH

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IS A PEI	lied. AGE should be stated EXACTLY. PHYSICIANS should	ms, so that it may be properly classified. Exact statement of OC	openations on hank of contiferate
IIS	pe	pe	30
K-TE	plnod	t may	hook
Z	52		2
NG	AGE	tha	040
DI		Se	400
FA	lied	ms,	-

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. How long in U. S. If of foreign birth? ______yrs. _____mos. ____ ds. (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Wienlassen (Year) 5a. If married, widowad, or divorcad HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than to have occurred on the date stated ebova, at-1 day, ____ hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance or____min. ware as follows: Data of onset 8. Trade, profassion, or particular NO kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc ... CUPAT 9. Industry or business in which work was done, as SiLK MiLL, SAW MILL, BANK, etc. 10. Date decaased last worked at 11. Total time (years) this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME ulour 14. BIRTHPLACE (city or town). Name of operation... (State or country) What test confirmed diagnosis?_____ Was there en eutopsy?____ MOTHER 15. MAIDEN NAME 23. If deeth was due to external ceuses (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?______ Date of injury______ 19_ 16. BIRTHPLACE (city or town) (Stata or country) Where did Injury occur? ... (Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Mannar of Injury Natura of injury. 24. Was disease or Injury in any way related to occupation of decaased? 19. UNDERTAKER (Address) If so, spacify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car cost 4 33	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		HOBAIRS	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	----------	---------	------------	----	-----------

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13061
1. PLACE OF DEATH	
County Farmer	Registration Dist. No.
Village or City Dear Pass, mol RN	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsintos.	
2. FULL NAME In / Cope	
	0. W 1
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 20 15 193 5
5a. If married, widowed, or divorced	(Month) (Oey) (Yeer)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, dey, end yeer) 7 15 1935	I last saw h alive on 21 - 15 1935; deeth is seid
7. AGE Years Months Oeys If LESS than	to heve occurred on the date steted above, et N.20.Pm.
O O I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:
9 Trade profession or particular	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	asphysia Jakida
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work west one, es SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked et this occuration (month and the control of	
O 10. Dete deceased last worked et this occupation (month and yeer) occupetion occupetion	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Canses of importance:
I P. P.	
4. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of
15. MAIDEN NAME LEONA Mase Rice	What test confirmed diegnosis? Wes there en eutopsy?
16. BIRTHPLACE (city or town) And Part, PAT	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Park, med Ry	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Vacable and Dete non 17, 1935	Nature of Injury.
19. UNDERTAKER Dacolon luader formy Co	24. Was diseese or injury in any wey releted to occupetion of deceesed?
(Address) Ogerande mil	If so, specify
20. FILED Nov. 16, 1935 Ms. G. U. Ushly	(Signed) M. D.
Registrat.	(voniess)

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal of important	Date of onset	
Arteriosclerosis	1915	Attack of end	epsys A A The Ball	1 week ago
Chronic interstitial nephritis	1921	Run over by		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	GCGI & Date	3 days ago
			GRAIDS	
Other contributory causes of importance:		Other contr	butory eauses of importance:	
Gallstones	May 1,1923	1,1923 Gastroenteritis		1 year

RGIN RESERVED FOR BINDING

1. PLACE OF DEA	TH O	F MAR	YLAND—	CERTIFICATE OF DEATH
County 9	well	7/		Registration Dist. No.
Village or City 20	Bay	cord	71-0/	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in c	ity or town where de	eth occurred	wrsmos	ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME (a) Residence: No.	Shirell	Let Co-	lu	If U.S. Veteran specify WAR.
(a) Nosidence. No.		(Usual place	of abode)	If nonresident give city or town and State
PERSONAL AN	ND STATISTIC	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
The Mele Y	OR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH 23 193 5-
5e. If merried, widowed, or div HUSBAND of	orced			22, I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	Infa	N	attended and	Nov 23 - 1931-to Nov 23 1935
6. DATE OF BIRTH (month, da	v. and year)	nov: 2	3,1935	I last sew but elive on Nov 23 , 193 9 death is said
7. AGE Years	Months	Days	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, at 23° 0 m. The PRINCIPAL CAUSE OF DEATH and related gauses of importance
8. Trade, profession, or profession of profession of work done SAWYER, BOOKKE	particuler , as SPINNER, —			Were established Date of onset
kind of work done SAWYER, BOOKKE Mork was done, as SAW MILL, BANK, 10. Date deceased last wo	n which			
10. Date deceased last wo this occupation (moyear)	rked at	spa spa	time (yeers) ent in this upetion	
12. BIRTHPLACE (city or town (State or country)	Des	Buy	al NV	Other Contributory Causes of Importance:
II 13. NAME Egra	Tille	1		
13. NAME 14. BIRTHPLACE (city or t (State or country)	own) Sax	rell Co	- ma	Neme of operation Date of Was there an autopsy?
15. MAIDEN NAME S	Inia 9	bscon	ub	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME S	own) Erwin	- Tur	fuer Co	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT CAddress)	y Gill	na .	W To .	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR	REMOVAL Valle	Dete Nov	25,1995	Manner of injury
19. UNDERTAKER	Back	tel w	ya	24. Was disease or injury in any way related to occupation of deceased?
20 00	Birges	nia M.	Harvey Registrar.	(Signed) 2 January M. D. (Address) January M. D.
	If more b	lanks are needed,	address State Registrer,	2411 N. Charles Street, Baltimort Requesting V. S. No.

1 2/10000

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Date of onset	The principal cause of death and related causes	Date of onset
1915	of importance were as follows: Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	921 July 5,1927	921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(73)
County Garrett	Registration Dist. No. / 6 6
Village or City M. Henry	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) s
2. FULL NAME Mary Ollaw fysell	
(a) Residence: No. (Ms. Henry Md. (Usuapolace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Finale 4. COLOR OR RACE OR DIVORCED (write the word) Single Single OR DivorceD (write the word)	21. DATE OF DEATH 6 (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) 7-21-1875	I Jast sew h alive on 1935 death is said
7. AGE Yeers Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, at 10.00 m. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular	were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	- Tues Dhos warends 57
9. Industry or business in which work was done, as SILK MILL,	Jan, mass hand & Phousday
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this pecupation (month and	arophyma " dracken
this occupation (month and year) 11-6-1435 spent in this occupation	(sho! 7mm) JAM
12. BIRTHPLACE (city or town) 115. Hewry (State or country) md.	Other Contributory Causes of importance;
13. NAME Your Pysell	
13. NAME Moan Pysell 14. BIRTHPLACE (city or town) Samurset	Name of operation Dete of
(State or country) Pa.	What test confirmed diegnosis? Was there an autopsy? ??
15. MAIDEN NAME & lizabeth Sinter	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME F. Lizabeth Sinter 16. BIRTHPLACE (city or town) May seeing	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur
17. INFORMANT Cames Nailburn Hayes Med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL M. Date Mars. 8, 1925	Manner of injury
19. UNDERTAKER Emsey Bolding	24. Was disease or injury in any way releted to occupetion of deceased?
20. FILED 11- 6-, 1935 Julia Rowan Registrar.	(Signed) N. J. J. M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

1. PLACE OF DEATH		93.0		, ,
County Garrett			Registration Dist. No.	61
Village or City A Heury Length of residence in city or town where death or		No. death occurred in a hospital or institution, b		
2. FULL NAME Colvarles	Xarrase			
(a) Residence: No.	Usual place of abode)	St., Ward.	If nonresident give city or town a	and State
PERSONAL AND STATISTICAL		MEDICAL CER	TIFICATE OF DEATH	
	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH	26th Month) (Day)	, 193 \((Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 4th 1879	Cetober ,19.	SERTIFY, That I attend	19.35
8. Trada, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, atc. 10. Data decessed last worked at this occupation (month and in a company).	Days If LESS then 1 dey,hrs. ormin.	to have occurred on the dete steted ab The PRINCIPAL CAUSE OF DEATH a were as follows: Official Impoceda deginization	nove, at	Date of onest
12. BIRTHPLACE (city or town) (State or country) 12. BIRTHPLACE (city or town) (State or country)	11. Total time (years) spent in this occupetion 25	Other Contributory Causes of Importan		1931
13. NAME (Freston	7			
13. NAME (first to 14. BIRTHPLACE (city or town) (Stete or country) many land	1	Neme of operation Whet test confirmed diegnosis?		
15. MAIDEN NAME Gueinda 16. BIRTHPLACE (city or town) (Steta or country) 17. INFORMANT (Address)	June med	23. If deeth was due to externel causas Accident, suicide, or homicide? Where did Injury occur? Specify whether Injury occurred In IN	Date of injury	, 19 State)
18. BURIAL, CREMATION, OR REMOVAL Place May of Tille Det	41 (0 00	Manner of injury		
19. UNDERTAKER At Secretary (Address) Frequelors 20. FILED MAN 2. 8., 19. LANNESS	Lee mel	24. Was diseese or injury in any wey re If so, specify (Signed) (Address)	eleted to occupation of deceased?	us nd

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car cost 9 330	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		LEEVELAFOL	
		The second of th	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY LHAS	ICIAN

of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH

13065

1. PLACE OF DEATH		157-0
County Saure		Registration Dist. No. 16/
Village or City & Tiles (Roch)	-h	No. St., Ward
Length of residence in city or lown where death occurredyr	(If do	eath occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
0 1 + 0.0	1	104 long in 0.5. If of foreign bilts:yisnius05.
2. FULL NAME Infrant dista	25)	
(a) Residence: No (Usual place of above		St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH
Male while 5. SINGLE, MARRIED, OR DIVORCED (write Gally)		21. DATE OF DEATH Nov 28 (Month) (Day) (Year)
a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	1	22. I HEREBY CERTIFY, That I attended daceased from
10 1775	225	19 to her 2/2 , 1935
DATE OF BIRTH (month, dey, and year)	33	I last saw harva alive on new 2/St , 1935; daath is sald
	f LESS than ay,hrs.	to have occurred on the date stated above, at 3 Am.
7 // or.	min.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance wara as follows.
8. Trade, profession, or particular kind of work done, as SPINNER,		Spince Bifeda
SAWYER, BOOKKEEPER, atc		
work was done, as SILK MILL, SAW MILL, BANK, atc	-	Leakage of mital value
10. Date decaased last worked at this occupation (month and spent in the occupation)	ears)	The leakage of the mitral valve was congen-
J. 1. 0. 20. m. 1 8	73	Other Coutributory Causes of Importance:
2. BIRTHPLACE (city or town) 3 Yello Mottle 1154 (State or country)		
13. NAME Rauseller W Scile	-	
Y : 0 500 -	275	
14. BIRTHPLACE (city or town) French Strelle /	17,2	Neme of oparation
	0	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Jalanta D. Friend		23. tf death was due to externat causes (VtOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) trendouble 1	7, 5,	Accident, suicida, or homicide?
(Stata ar country) Familte Co. Mid.		Whare did injury occur? (Specify city or town, county and State)
7. INFORMANT Stanselle M Dules (Address) Friendaulle Mil	Q7,	Specify whather injury occurred in INDÚSTRY, In HOME, or in PÚBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Annuals nelle Oata Nov:	29,35	Mennar of injury
9. UNDERTAKER 77 77 June 19	-	24. Was disease or injury in any way ralated to occupation of dacaased?
0. FILEO nov 29, 1036 samuelle In	aller/ Registrar	(Signed) Freedomble M.D.
	Ackiniar: "	(Addies)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

The month and week the deceased last work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find

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Example I	i	Example II.	กร
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ano
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	,	Other contributory causes of importance:	
Cones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA.

Exact statement

properly classified.

AGE should be

mation should be carefully supplied. CAUSE OF DEATH in plain terms,

-WRITE PL

so that

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		(46-6)	
County Garrett,		Registration Dist. No. 167	
Village Dr CityNear_ Length of residence in city/or town wi		ND. St.,St.,	
2. FULL NAME for	nes xt. Spe	as	
(a) Residence: Np.	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATE	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
9. SEX 4. COLOR OF RACE White	5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write) word)	21. DATE OF DEATH Nov. (Month) (Day)	, 1935 — (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year)	Sent. 11. 1842	22. I HEREBY CERTIFY, That I attended Oct. 26th., 1935, to Nov. 25th.	
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at 6-30 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc	Petres	Carcinoma of Sigmoid flexure, and Caecum-	-
year)	11. Total time (years) spent in this occupation	Dther Contributory Causes of importance:	-
12. BIRTHPLACE (city or town) (Stata or country)	Phical	Intestinal obstruction-	
13. NAME (Cuty of town) (State or country)	Ireland.	Name of operation None Date of What test confirmed diagnosis? X Was there an a	-
15. MAIDEN NAME Ruserme	Muc Intere	What test confirmed diagnosis?	
15. MAIDEN NAME RUSING 16. BIRTHPLACE (city or town) (Stata or country)	Ireland	Accident, suicide, or homicide? Date of injury Whara did Injury occur?	
17. INFORMANT Clarine (Address)	Tabland mo	(Specify city or town, county and State Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Trustand	le Bate Mrs 27, 1995	Manner of injury X Nature of Injury X	
19. UNDERTAKER WWW. (Address) Fruend	Lavage mo	24. Was disaase or injury in they way elated to occupation of deceased?	A
20. FILED Nov 26, 1935	A flichles Registrar.	(Signed) (Address) A Calculation	Dad.
If n	1/	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	11-164

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis / / / / / / / / / / / / / / / / / / /	3 days ago	
		EEB 14 1600		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLA

V. S. No. 1 B ż

E KD. Every item of infor-PHYSICIANS should state

of OCCUPA.

Exact statement

1. PLACE OF DEATH County Partell County Partell County Partell Registration Dist. No. Village or City Partell No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. 95 yrs. mos. 4. County Partell (a) Registration Dist. No. St., Ward. (b) How long In U. S. it of foreign birth? yrs. mos. St., Ward. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE ACCURRACE S. SINCLE, MARRIED, WIDOWED, OR DIVORCED (write the word) St., Ward. 1. DATE OF DEATH 2. DATE OF DEATH 2. DATE OF DEATH 2. DATE OF BIRTH (month, day, and year) (Month) (Dey) (Young of the partell of	3
Village or City	5
(If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred 95 yrs. mos. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Constitute 5. SINCLE, MARRIED, WIDOWED, One DIVORCED (write the word) 5a. If merried, widowed, or divorced HUSBAND of (OLD) WHE of (OLD) White of (OLD) W	Maria
Length of residence in city or town where death occurred \$\frac{1}{2}\$ yrs	Ward
2. FULL NAME (a) Residence: No. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If merried, widowed, or divorced HUSBAND of (ac) WHE o	ds.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Control of Divorced HUSBAND of (OLD) WHE of (OL	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If merried, widowed, or divorced HUSBAND of (oc) WHE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Wonth Days If LESS then I dey,hrs. or proper and the properties of the p	
3. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, ON DIVORCED (write the word) 5a. If merried, widowed, or divorced HUSBAND of (oc) WHE of Color White of Color	
Single White ON DIVORCED (write the word) 5a. If merried, widowed, or divorced HUSBAND of (oa) WHE of Carlot Days HESS then The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as a few words. 1. AGE Years Months Days HESS then The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as a few words at least war and the words.	
HUSBAND of (ac) WHE of 22. 1 HEREBY CERTIFY, That I ettanded decease Mr. 22., 19.35, to Mr. 29., 19 6. DATE OF BIRTH (month, day, and year) August //, /85/ 7. AGE Years Months Days If LESS then to heve occurred on the dete steted above, at // A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were a tellow.	or)
7. AGE Years Months Days If LESS then to heve occurred on the dete steted above, at 11 19 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance was a calcular to have a cal	21
7. AGE Years Months Days If LESS then to heve occurred on the dete steted above, at 1/1 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance was a calcular to the principal cause of the princip	s seid
or min wars as follows:	
mote do tuliono.	
8. Trede, profession, or perticular A long and long work done as SPINNER A long and long work done as SPINNER A long and long and long are spinners.	onset
SAWYER, BOOKKEEPER, atc. Louse Respect Acute Myorarditis	13
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, es SPINNER, SAWYER, BOOKKEFPER, atc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at this occupation (month my leaf ago occupation) 11. Total time (years) spent in this occupation occupation	25
Other Contributory Causes of importance:	
(Stete or country)	
13. NAME Dermy Shaker	
1 Co Association	
	21-
Whet test confirmed diegnosis? Was there en autopsy? What test confirmed diegnosis? Was there en autopsy? 23. If deeth was due to external causes (VIOL ENCE) fill in elso the following:	-FU
16. BIRTHPLACE (city or town) Deteof Injury 19	
(State or country) Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) Company (Address)	
18. BURIAL, CREMATION, OR REMOVAL	
Place Place Detection 1933 Nature of Injury	
19 UNDERTAKER That It is a short of the state of the stat	
20. FILED Mer 30, 1935 Cl & Barriet (Signed) Malth Callanavella	
Registrar. (Address)	.M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis a	3 days ago
		- 21	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		+61	24 (1)	